BIRCH, STEWART, KOLASCH & BIRCH, LLP

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Insert Title:	SEMICONDUCTOR LASER, SEMICONDUCTOR LASER DRIVER AND							
insert fide.	METHOD OF DRIVING SE	MICONDUCTOR LAS	ER REDUCING					
	FEEDBACK-INDUCED NOISE BY MODULATED OPTICAL OUTPUT							
	•							
	the specification of which is attached hereto. If not attached hereto,							
Fill in Appropriate	the specification was filed o	n		as				
Information - For Use	United States Application N	umber		;				
Without	and amended on		(if applicable); and/or					
Specification Attached:	the specification was filed o	n	as PCT					
Attached.	International Application Nu	ımber		and was				
	amended on							
Insert Priority Information: (if appropriate)	by any amendment referred to above. I acknowledge the duty to discloss §1.56. I do not know and do not believe thereof, or patented or described in an prior to this application, that the same application, that the invention has no application in any country foreign to to more than twelve months (six months on this invention has been filed in an representatives or assigns, except as for the supplementary of the supplementary	e information which is mate the same was ever known by printed publication in an was not in public use or on the been patented or made the the United States of America for designs) prior to this an y country foreign to the U ollows. enefits under Title 35, Unite and have also identified belo tion on which priority is cl Japan (Country) Japan (Country)	sale in the United States of America ne subject of an inventor's certificate a on an application filed by me or my pplication, and that no application fo nited States of America prior to this ed States Code, §119 (a)-(d) of any f ow any foreign application for patent aimed: November/11/20 (Month/Day/Year Filed) August/7/2003 (Month/Day/Year Filed)	37, Code of Federal Regulations, rica before my or our invention in thereof or more than one year more than one year prior to this is expected before the date of this legal representatives or assigns repatent or inventor's certificate application by me or my legal foreign application(s) for patent or inventor's certificate having Priority Claimed O2 Yes No Yes No				
Insert Provisional Application(s):			——————————————————————————————————————	pheadon(s) fisted below.				
(if any)	(Application Number)	•		(Filing Date)				
- ·	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for a the Filing Date of this Application:	ny Patent or Inventor's Cer	tificate Filed more than 12 months (6 months for designs) Prior to				
Insert Requested Information: (if appropriate)	Country		Application Number I	Date of Filing (Month / Day / Year)				
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
Application(s):	(Application Number)	(Filing Date	(Status - pater	nted, pending, abandoned)				
Page 1 of 2	(Application Number)	(Filing Date	(Status - pater	nted, pending, abandoned)				

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING:							
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Kyoko	MATSUDA	Hyoko matsu		October 10, 2003		
Insert Residence Insert Citizenship	Residence (City, State	1	Japanes	CITIZENSHIP Japanese			
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 2-17-502, Daianji 1-chome, Nara-shi, Nara, Japan						
Full Name of Second Inventor, if any:	GIVEN NAME Toshiyuki	FAMILY NAME JOKUMURA	Tohiyahi O	ummer	DATE* October 10, 2003		
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	Nara, Japan MAILING ADDRESS (Complete Street Address including City, State & Country)			Japanese			
	226, Yoshida-cho, Tenri-shi, Nara, Japan						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country) CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State	CITIZENSHIP	1				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE			DATE*			
see above	Residence (City, State & Country)			CITIZENSHIP			
Page 2 of 2	MAILING ADDRESS (Complete Street Address including City, State & Country)						
(Revised 01/02)	* DATE OF CONSTUDE						
	* DATE OF SIGNATURE						